

STATE OF TENNESSEE ALCOHOLIC BEVERAGE COMMISSION

Davy Crockett Tower 500 James Robertson Parkway, 3rd Floor Nashville, TN 37243 615-741-1602

4420 Whittle Springs Road

Knoxville, TN 37917

865-594-6342

www.tn.gov/abc

One Commerce Square 40 South Main Street 4th Floor, Suite 415 Memphis TN 38103 901-543-7284



540 McCallie Avenue, Suite 341 Chattanooga, TN 37402-2055 423-634-6434

CERTIFIED TRAINER QUESTIONNAIRE

This document must be submitted by all trainers and/or instructors wishing to conduct alcohol awareness training programs for liquor-by-the-drink servers in Tennessee. This form must be notarized and returned with your \$150.00 initial certification or \$100.00 renewal fee.

(Type or Print)			DAT	'F	20
Name of Applicant				L	20
Mailing address of Appli	cant	CITY	STATE	ZIP	COUNTY
Home Address if differen	nt	CITY	STATE	ZIP	COUNTY
Email Address:					
Age	_ Date of Birth	Place of birth	n		
Male Female	Race				
Social Security No	Dri	ver's License No.		State	
Name of Training Progra	m				
Telephone Number:		(Al	ternate Number) _		
Job Title and/or Office H	eld				
1. List employment for past five years: Business Name Address/City/State		ss/City/State/Zip/Phone		D	ates
2. If self employed, star	te when and where, and ty	pe of business.			
	licensed by the Tennessee				le the business name and
4. Provide the name and	d address of any relative e	mployed by the Tenness	see Alcoholic Beve	erage Commission	on.

5.	Are you a United States Citizen? Yes No All applicants must complete form AB-0116 - Declaration of Citizensh							
	If naturalized, set forth the date, place, and court.							
6.	Provide a summary of your education/degree(s), and your experience/background in the training area.							
7.	Furnish full name, nickname or any other names by which you are or have been known.							
W INI ISS	seven (7) days in b. I agree to promp such tests c. I agree to promp along with required [Init d. I will immediate any scheduled to e. I will immediate any scheduled to the company of the compan	BC-Nashville of the advance of the scotly and immediate (Initial) otly and immediate uired \$15.00 certical) ely notify TABC-Nationing classes ely notify TABC-NEWENT IS MADOS FOR REJECTION OF INCOMI	cheduled dately forward all examinately forward the results of fication fee per individuals wille of any changes (Initial) and class catholic data of the control of the con	location of my training class at least(Initial) ions to the individual/entity grading f such class sessions to TABC-Nashville dual within twenty-one (21) days of the training date. in the date, time, or exact location of ncellations(Initial) OR AFFIRMATION. PROVIDING OR INCOMPLETE NOR SUSPENSION OR REVOCATION OF PERMIT IF ON ARE ALSO SUBJECT TO THE PENALTIES OF				
112			ES NOT GUARANTEE THE	SISSUANCE OF A LICENSE OR PERMIT" *				
Ap	plication authorized by	Print Name, App						
Sul	bscribed and sworn to before m	e this	day of	20				
Му	Commission Expires			Notary Public Notary Seal				
For	r TABC Validation ONLY			The State of Tennessee and the Tennessee Alcoholic Beverage Commission are Equal Opportunity Employers. Discrimination, in any of its practices, which is based on age, race, sex, color, religion, national origin, disabling condition or any other non-merit factor is prohibited. Thus, the Tennessee Alcoholic Beverage Commission is an equal opportunity, equal access, affirmative action public entity. FOR ADDITIONAL INFORMATION: Contact the agency ADA Coordinator for this state agency: Assistant Director at 615-741-1602 or the Tennessee Office of Americans with Disabilities, Department of Personnel. Alternate formats of this notice are available on request.				